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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004103

1. Corporation Name

THE VILLAS AT TIMBER LAKE ASSOCIATION, INC.

Principal Place of Business

DICKINSON MANAGEMENT, INC.
11920 FAIRWAY LAKES DR. #2
FT MYERS FL 33913

Mailing Address

DICKINSON MANAGEMENT, INC.
11920 FAIRWAY LAKES DR. #2
FT MYERS FL 33913



2. Principal Place of Business

21 **4450 BONITA BEACH RD.**

Suite, Apt. #, etc.

22 **#10-164**

City & State

23 **BONITA SPRINGS, FL**

Zip

24 **34134**

Country

25 **USA**

2a. Mailing Address

26 **4450 BONITA BEACH RD.**

Suite, Apt. #, etc.

27 **#10-164**

City & State

28 **BONITA SPRINGS, FL**

Zip

29 **34134**

Country

30 **USA**

3. Date Incorporated or Qualified

08/18/1994

4. FEI Number

65-0657055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DICKINSON MANAGEMENT, INC.
11920 FAIRWAY LAKES DR. SUITE 2
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name

JERRY CATTRELL

82 Street Address (P.O. Box Number is Not Acceptable)

327-WS EMERALD BAY CR.

83

84 City

NAPLES

FL

85 Zip Code

34110

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

2/10/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE
NAME **CAMPBELL, KATHY**
STREET ADDRESS **3656 STONEWAY**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DP** ☐ DELETE
NAME **WISEN, KENNETH**
STREET ADDRESS **3717 STONEWAY**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DVP** ☐ DELETE
NAME **ABRAMSON, ROBERT**
STREET ADDRESS **3734 STONEWAY**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☐ DELETE
NAME **VAUX, MELVIN**
STREET ADDRESS **3706 STONEWAY**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DST** ☐ DELETE
NAME **HARTUNG, MARY KAY**
STREET ADDRESS **3640 STONEWAY**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/99 941-498-5514

CR2E037 (1/98)